MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (89-a)

13155

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:
County: Worcester
City or town: Berlin
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 yrs
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Worcester
City or town: Berlin
(If outside city or town limits, write RURAL and give nearest town)
Street No. —
(If rural, give LOCATION)
2.(a) If veteran, name war —

3.(a) FULL NAME: Henry Agnew

3.(b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W	Married

6.(b) Name of husband or wife: Mary E. Agnew
6.(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): July 7, 1855

8. AGE: Years	Months	Days	If less than one day
85	5	1	hrs. min.

9. Birthplace: Md. (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business
FATHER 12. Name: Jas. Agnew
13. Birthplace: Md.
MOTHER 14. Maiden name: Adeline Forbes
15. Birthplace: Md.
16. Informant: Mary E. Agnew
Address: Berlin Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 10 1940 (month) (day) (year)
Cemetery or crematory: St. Pauls
Location: Berlin
18. Funeral director: J. W. Burbage
Address: Berlin Md.
19. 12-10-1940 (Date rec'd by registrar) Helen L. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 9 1940, at 3 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19..., to ... 19...
and that I last saw h... alive on ... 19...

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of ...
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Chas. R. Law M. D. or other
Address: Berlin Md. Date signed 12-10-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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VS A15

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

13156

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:

County Worcester

City or town Newark Rural #1 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 Months 6 Days

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Worcester

City or town Newark Md Rural #1 (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war No

3. (a) FULL NAME Luvnnel Blake

3. (b) Social Security Number None

4. Sex Female

5. Color or race Colored

6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife ✓

6.(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) April 23 - 1940

8. AGE: Years | Months 8 | Days 6 | If less than one day ... hrs. ... min.

9. Birthplace Newark Worcester Md (Town, county, and state)

10. Usual occupation ✓

11. Industry or business

FATHER 12. Name Earl Blake

13. Birthplace Maryland

MOTHER 14. Maiden name Apie Richard

15. Birthplace Maryland

16. Informant Earl Blake

Address Newark Md Rural #1

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 31/40 (month) (day) (year)

Cemetery or crematory Tindley

Location Newark Md

18. Funeral director Jeanne Dennis

Address Snow Hill Md

19. 12/31 1940 (Date rec'd by registrar) LeRoy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 29 1940 at 10 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 ..., to ... 19 ...

and that I last saw h... alive on ... 19 ...

Immediate cause of death Broncho pneumonia | DURATION Unknown

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John L. Riley Dep. Med Ex M. D. or other

Address Snow Hill Md Date signed 12/31/40

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

WITHIN CORPORATE LIMITS OF 30e

CERTIFICATE OF DEATH

13157

Reg. Dist. No. 350

1. PLACE OF DEATH:
County Worcester
City or town Pocomoke City
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 426 Maple St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 1 week

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Virginia County Accomac
City or town Tasley Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Sarah Drummond

3. (b) Social Security Number ------

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col.	widowed

B (b) Name of husband or wife Goe. Drummond
6(c) If alive, give age ---- years

7. Birth date of deceased (mo., day, yr.) Aug. 27, 1887

8. AGE: Years	Months	Days	If less than one day
52	3	23	---- hrs. ---- min.

9. Birthplace Accomac Co., Va. (Town, county, and state)
10. Usual occupation farm labor
11. Industry or business

FATHER
12. Name Daniel Bogbell
13. Birthplace Accomac Co., Va.

MOTHER
14. Maiden name Rose ----
15. Birthplace Accomac Co., Va.

16. Informant Myrtle Giddings
Address Pocomoke City, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12- 22 - 40 (month) (day) (year)
Cemetery or crematory Onancock Cemetery
Location Onancock, Va.
18. Funeral director John A. Bradshaw
Address Pocomoke City, Md.

19. Dec 21 1940 (Date rec'd by registrar) Anne E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 20 1940, at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 17 1940, to December 20 1940, and that I last saw her alive on December 19, 1940.

Immediate cause of death Heart Failure & with Pulmonary Embolus — DURATION
Due to Syphilitic Cardio-Vascular Disease
Due to
Other conditions Embolus left Femoral Artery
(Include pregnancy within 3 months of death)
Major findings:
Dt operations
Dt autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Dr. N. E. Sartorius, Jr. M. D. or other
Address Pocomoke City, Md. Date signed 12-21-40

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

CERTIFICATE OF DEATH

13158

Reg. Diat. No. 353

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Worcester

City or town: Bishop, Md. R7D.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or Institution:

Stay in hospital or Inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Worcester

City or town: Bishop, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Rural.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Verdie A. Hickmon

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife: Clora L. Hickmon

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 25, 1874

8. AGE:

Years	Months	Days	If less than one day
66	6	23	hrs. min.

9. Birthplace: St Martins Neck.
(Town, county, and state)
Bishop, Md. R4D.

10. Usual occupation: Retired

11. Industry or business:

FATHER 12. Name: Pennington Hickmon

13. Birthplace: Delaware.

MOTHER 14. Maiden name: Dolly Ann Bunting

15. Birthplace: Maryland

16. Informant: Joe Hickmon

Address: Bishop, Md. R7.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory: Lynch Cemetery

Location: Delmar, Delaware

18. Funeral director: M. Sasha Watson

Address: Delmar, Del.

19. Dec 20 1940 (Date rec'd by registrar) Mrs Ray Bargey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: DEC 18 1940, at 2 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 15 1940, to Dec 17 1940, and that I last saw him alive on Dec 17 1940.

Immediate cause of death: Carcinoma of Stomach — DURATION: 3 mo.

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: G E Jones
M. D. or other

Address: Delmyalle Date signed 12-21-40

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (183)

13159

CERTIFICATE OF DEATH

Reg. Dist. No. 352

1. PLACE OF DEATH:
County: Worcester
City or town: Ocean City
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Worcester
City or town: Ocean City
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Edward Jackson

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W	Single

6.(b) Name of husband or wife: March 28, 1914

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): March 28, 1914

8. AGE:

Years	Months	Days	If less than one day
24	8	12	..... hrs. ..... min.

9. Birthplace: Md (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business: —

FATHER
12. Name: Edward Jackson
13. Birthplace: Md.

MOTHER
14. Maiden name: Kate Jackson
15. Birthplace: Md.

16. Informant: Kate Jackson
Address: Berlin Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 14 1940 (mooth) (day) (year)
Cemetery or crematory: Evergreen
Location: Berlin Md.

18. Funeral director: J. W. Burbage
Address: Berlin Md.

19. 12/14/40 (Date rec'd by registrar) J. S. Townsend Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 10 1940, at — M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19.. to — 19..
and that I last saw h.. alive on — 19..

Immediate cause of death	DURATION
Drowning	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: accident Date of: Dec 10 '40
Where did injury occur? near Ocean City (City or town) Wor Co. (County) Md (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: John L. Riley Dep Med Exam M. D. or other
Address: Snow Hill Md Date signed: 12/12/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JAN 3 1941
BUREAU V. S.

13160

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (8)

County Worcester Registration Dist. No. 354

Village or City Stockton No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME C. Jacobs If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. COLOR OR RACE C.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12/21/40

7. AGE 0 Years 0 Months 0 Days 0 If LESS then 1 day, 0 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ✓

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Stockton (State or country) Md

FATHER

13. NAME Aaron Jacobs

14. BIRTHPLACE (city or town) Stockton (State or country) Md

MOTHER

15. MAIDEN NAME Bernice Derrickson

16. BIRTHPLACE (city or town) Stockton (State or country) Md

17. INFORMANT Bernice Derrickson (Address) Stockton Md

18. BURIAL, CREMATION, OR REMOVAL

Place Jas. H. Fowler Cemetery Date Dec. 21, 1940

19. UNDERTAKER Irvey Burnett (Address) Stockton Md

20. FILED Dec 21, 1940 Mary M. Taylor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Still born (Month) (Day) (Year) 193

22. I HEREBY CERTIFY, That I attended deceased from Saw, 19, to, 19

I last saw him alive on dead 12/21/, 1940; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Death on Ethus likely due to a fall

Date of onset

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) N. S. Santonius M. D.

(Address) Pocomoke City Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

13161

Reg. Dist. No. 355

1. PLACE OF DEATH:
County: Worcester
City or town: Berlin
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 30 y
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Worcester
City or town: Berlin Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Catherine Lewis

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W	M

6.(b) Name of husband or wife: R. J. Lewis
6.(c) If alive, give age: 78 years
7. Birth date of deceased (mo., day, yr.): unknown

8. AGE: Years	Months	Days	If less than one day
82			hrs. min.

9. Birthplace: Md. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business

FATHER
12. Name: Benjamin Coddey
13. Birthplace: Md.

MOTHER
14. Maiden name: Nancy Coddey
15. Birthplace: Md

16. Informant: R. J. Lewis
Address: Berlin Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 31 1940 (month) (day) (year)
Cemetery or crematory: Mt. View
Location: Willards Md.

18. Funeral director: J. W. Burbage
Address: Berlin Md.

19. 12-31- 1940 (Date rec'd by registrar) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 29 - 1940, at 10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..., to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Cerebral Hemorrhage.	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury. Injured at work?

23. SIGNATURE: Chas. R. Lewis M. D. or other
Address: Berlin Md. Date signed 12-31-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS A15

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (183)

CERTIFICATE OF DEATH

13162

Reg. Dist. No. 352

1. PLACE OF DEATH:

County: Worcester

City or town: Ocean City

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Worcester

City or town: Ocean City Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Franklin James Lewis

3. (b) Social Security Number: 218-05-3680

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Mary Lewis

6.(c) If alive, give age: 20 years

7. Birth date of deceased (mo., day, yr.): May 19, 1911

8. AGE: Years: 29 Months: 7 Days: 5 If less than one day: hrs. min.

9. Birthplace: Md. (Town, county, and state)

10. Usual occupation:

11. Industry or business: Laborer

FATHER

12. Name: Charles H. Lewis

13. Birthplace: Md.

MOTHER

14. Maiden name: Seyurnia Bradford

15. Birthplace: Md.

16. Informant: Granville Taylor

Address: Ocean City

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 24, 1940 (month) (day) (year)

Cemetery or crematory: Evergreen Cem. Berlin

Location: Berlin Md (Berlin)

18. Funeral director: J. W. Burbage

Address: Berlin Md

19. 12/24/ 1940 (Date rec'd by registrar) J. S. Mumford Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 10 1940, at — M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 , to — 19

and that I last saw h — alive on — 19

Immediate cause of death: Drowning accidental

DURATION: —

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: accident Date of: 12/10/40

Where did injury occur? near Ocean City (City or town) Worcester (County) Md (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: John L. Riley Dep Med Exam M. D. or other

Address: Snow Hill Md Date signed: 12/24/40

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

13163

Reg. Diat. No. 354

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Worcester
City or town Snow Hill Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DEACEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Near Stockton
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war —

3. (a) FULL NAME Walter S. Mamm

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col'd	Single

6.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 21 1939

8. AGE: Years	Months	Days	If less than one day
1	10	3	hrs. min.

9. Birthplace Near Stockton Md
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER 12. Name Clifton Mamm
13. Birthplace Stockton Md

MOTHER 14. Maiden name Zola Brown
15. Birthplace Stockton, Md

16. Informant Clifton Mamm
Address Melbourne

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 19 1940 (month) (day) (year)
Cemetery or crematory Ant. Hope Cemetery
Location Near Stockton Md

18. Funeral director Clayton Hulland and Clifton Mamm
Address Stockton Md. R. F. D.

19. 12/19 (Date rec'd by registrar) 1940 Mary M. Taylor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 1940, at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19... to ... 19...
and that I last saw h... alive on ... 19...

Immediate cause of death	DURATION
Burned to death	
Due to Burns Received	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of Dec 17 1940
Where did injury occur? Near Stockton (City or town) Wor Co. (County) Md (State)
Injured at home, farm, industry, public place (where?) At Home
Means of injury Burns Received Injured at work?

23. SIGNATURE John L. Ray Dep. Med Exam M. D. or other
Address Snow Hill Md Date signed 12/18/1940

RECEIVED
JAN 7 1941
BUREAU V. S.

13164

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:

County: Worcester

City or town: Ocean City Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or insl. (yrs., or mos., or days): none

Stay in this community (yrs., or mos., or days): 15 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Worcester

City or town: Ocean City Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Thomas Henry Means

3. (b) Social Security Number: 218-09-2163

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mrs Kate Mason

6(c) If alive, give age: no years

7. Birth date of deceased (mo., day, yr.): March 17th 1865

8. AGE: Years 75 | Months 9 | Days 14 | If less than one day ___ hrs. ___ min.

9. Birthplace: Bloxom Va (Town, county, and state)

10. Usual occupation: Salesman

11. Industry or business: Drug Business

FATHER

12. Name: Thomas Henry Means

13. Birthplace: Accomack Va

MOTHER

14. Maiden name: Trephania Chesser

15. Birthplace: Accomack Va

16. Informant: Mrs Kate Means

Address: Ocean City Md

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Dec 8/40 (month) (day) (year)

Cemetery or crematory: Parksley Cemetery

Location: Parksley Va

18. Funeral director: J. W. Johnson

Address: Parksley Va

19. Dec 8 1940 (Date rec'd by registrar) I. S. Wellington Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 5th 1940, at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 5 1940 to Dec 5th 1940, and that I last saw him alive on Dec 5th 1940.

Immediate cause of death: Coronary Thrombosis — DURATION: 3 hrs

Due to: Arterio Sclerosis

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: — Injured at work? —

23. SIGNATURE: Francis J. Townsend M. D. or other

Address: Ocean City Md Date signed: Dec 8/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JAN 3 1941
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

dead 1-45 mfd 13165

(97)

1. PLACE OF DEATH

County Worcester Registration Dist. No. 353

Village or City Bishop, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Inez Mumford

(a) Residence: No. Bishop, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	colored	widow

5a. ~~If married~~, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Isaac Mumford

6. DATE OF BIRTH (month, day, and year) Feb. 1874 (?)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none / wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. none

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)

FATHER

13. NAME Isaac T. Hodges

14. BIRTHPLACE (city or town) Maryland (State or country)

MOTHER

15. MAIDEN NAME Ellen Pastley

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Margie Purnell (Address) Bishop, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Sand Dukes Cem. Date Dec. 16, 1940

19. UNDERTAKER M. T. Watson (Address) Pocomoke City, Md.

20. FILED Dec 16, 1940 Mrs. Roy Bergey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec (Month) 14 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1938, to Dec 14, 1940

I last saw h[illegible] alive on Dec 13, 1940, death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Hypertension	3 yrs
Other Contributory Causes of importance: Arteriosclerosis	10 yrs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death wes due to external ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No

If so, specify

(Signed) Frederick Smith M. D.

(Address) Berlin, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

13166

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-1)

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:

County: Worcester

City or town: Near Snow Hill
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Worcester

City or town: Near Snow Hill
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME: Ned Pierce

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col'd	Married

6.(b) Name of ~~husband~~ or wife: Willie Pierce

6.(c) If alive, give age: 36 years

7. Birth date of deceased (mo., day, yr.): Mch 15 1901

8. AGE:

Years	Months	Days	If less than one day
39	8	22	hrs. min.

9. Birthplace: North Carolina
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: —

FATHER
12. Name: Richard Pierce
13. Birthplace: Alabama

MOTHER
14. Maiden name: Leah Goods
15. Birthplace: North Carolina

16. Informant: Willie Pierce
Address: Snow Hill Md R R #1

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec / 11 / 40 (month) (day) (year)

Cemetery or crematory: Counter

Location: Snow Hill Md

18. Funeral director: Hearne & Dennis

Address: Snow Hill Md

19. 12/11/ 1940 LeRoy Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 7 1940 at 5 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 , to — 19

and that I last saw h — alive on — 19

Immediate cause of death: Heart failure probably myocardial degeneration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION
unknown

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: John L. Riley Dep Med Exam
M. D. or other

Address: Snow Hill Md Date signed: 12/7/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-P)

CERTIFICATE OF DEATH

13167

Reg. Dist. No. 351

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County: Worcester

City or town: Girdletree Rural #1

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 42 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Worcester

City or town: Girdletree Rural #1

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war: 70

3.(a) FULL NAME: Mary Virginia Ritchie

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: Raysuld Scott Ritchie

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Sept. 14 - 1861

8. AGE: Years	Months	Days	If less than one day
79	3	14	..... hrs. ..... min.

9. Birthplace: Snow Hill Worcester Md (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Own Home

FATHER 12. Name: George Porter

FATHER 13. Birthplace: Maryland

MOTHER 14. Maiden name: Sabitha Ann Porter

MOTHER 15. Birthplace: Maryland

16. Informant: Mr. Raysuld Scott Ritchie

Address: Girdletree Md Rural #1

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 30/40 (month) (day) (year)

Cemetery or crematory: Whatcoat

Location: Snow Hill Md

18. Funeral director: Pearsall Undertaking Co

Address: Snow Hill Md

19. 12/28/40 (Date rec'd by registrar) LeRoy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 28 1940, at 4:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw b..... alive on ..... 19.....

Immediate cause of death	DURATION
Chronic Bright's Disease	Unknown
Due to	
Due to	
Other conditions: Endocarditis	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: John L. Riley Dep. Med Exam M. D. or other

Address: Snow Hill Md Date signed 12/28/40

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JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 546

13168

CERTIFICATE OF DEATH

Reg. Dist. No. 35-2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Worcester

City or town: Berlin

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 28 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Worcester

City or town: Berlin

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Essie May Turner

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W	M

6.(b) Name of husband or wife: J. Henry Turner

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 31, 1875

8. AGE: Years: 65 | Months: 6 | Days: 22 | If less than one day: hrs. min.

9. Birthplace: Md.

(Town, county, and state)

10. Usual occupation: H.

11. Industry or business: Housewife

FATHER — 12. Name: William J. Timmons

FATHER — 13. Birthplace: Md

MOTHER — 14. Maiden name: Mary R. Smack

MOTHER — 15. Birthplace: Md.

16. Informant: J. Henry Turner

Address: J. Berlin Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 26. 1940 (month) (day) (year)

Cemetery or crematory: Evergreen

Location: J. Berlin Md

18. Funeral director: J. A. Bunting

Address: Berlin Md

19. 12/24 1940 (Date rec'd by registrar) J. S. Mumford Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 23 1940, at 9:30 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Sept 14 1940 to Dec 23 1940

and that I last saw h[illegible] alive on Dec 23 1940

	DURATION
Immediate cause of death: Embolism	
As result of: Chronic Rheumatism	1 yr
Due to: Arthritis Deformans	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Francis J. Timmons M.D.

M. D., or other

Address: Ocean City Md Date signed: Dec 24 1940

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JAN 3 1941
BUREAU V. S.

13169

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
County: Worcester
City or town: Berlin
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?: —
Hospital, institution, or street address where death occurred:
How long in hospital or institution?: —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wor.
City or town: Berlin
(If outside city or town limits, write RURAL and give nearest town)
Street No.: —
(If rural, give LOCATION)
2.(a) If veteran, name war: —

3.(a) FULL NAME: Joyce M. Widgeon

3.(b) Social Security Number: —

4. Sex: Femal
5. Color or race: W
6.(a) Single, married, widowed, or divorced: —
6.(b) Name of husband or wife: —
6.(c) If alive, give age: — years
7. Birth date of deceased (mo., day, yr.): May 5, 1939
8. AGE: Years: 1 | Months: 7 | Days: 10 | If less than one day: hrs. min.
9. Birthplace: md. (Town, county, and state)
10. Usual occupation: —
11. Industry or business: —
FATHER 12. Name: Vincent Widgeon
13. Birthplace: md.
MOTHER 14. Maiden name: Hilda Penny
15. Birthplace: md
16. Informant: Vincent Widgeon
Address: Berlin md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 17 1940 (month) (day) (year)
Cemetery or crematory: Evergreen
Location: Berlin md.
18. Funeral director: J. W. Burbage
Address: Berlin md
19. 12-17- 1940 (Date rec'd by registrar) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 15 1940, at 7P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 6 1940, to Dec 15 1940
and that I last saw h[er] alive on Dec 15 1940

	DURATION
Immediate cause of death: B. Bronchopneumonia	4 days
Due to: Pertussis	1 mo
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: —
Date of op.: —
Autopsy results: —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of: —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): —
Means of injury: — Injured at work?

23. SIGNATURE: [illegible] M. D.
M.D. or other
Address: Salisbury Md. Date signed: Dec 16

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JAN 3 1941
BUREAU V. S.